

CONTRACTOR'S DETAILED MBE/WBE UTILIZATION PLAN

<u>CONTRACTOR</u>		<u>CONTRACT</u>	
NAME:	Monroe Community College	PROJECT NAME:	Transforming lives through Nursing Pathways
ADDRESS:	1000 East Henrietta Road	CONTRACT DESCRIPTION:	
	Rochester, NY 14623		
CONTACT PERSON:	Carolyn Hunt		
PHONE:	585-685-6237		

PROJECTED MBE/WBE CONTRACT SUMMARY

MINORITY BUSINESS ENTERPRISE

TOTAL DOLLAR VALUE OF THE PRIME CONTRACT: \$ _____

CONTRACT MBE PERCENTAGE GOAL: _____ %

MBE PERCENTAGE/AMOUNT APPLIED TO THE CONTRACT: \$ _____

TOTAL MBE DOLLAR AMOUNT PROJECTED: \$ _____

MBE DOLLAR AMOUNT UNABLE TO MEET: \$ _____

WOMEN BUSINESS ENTERPRISE

TOTAL DOLLAR VALUE OF THE PRIME CONTRACT: _____

CONTRACT WBE PERCENTAGE GOAL: _____ %

WBE PERCENTAGE/AMOUNT APPLIED TO THE CONTRACT: \$ _____

TOTAL WBE DOLLAR AMOUNT PROJECTED: _____

WBE DOLLAR AMOUNT UNABLE TO MEET: \$ _____

Contractor Utilization Plan Checklist

Utilization Plan: Please be specific and provide detail of the work being performed by M/WBEs
 Letters of Intent: Signed form must be submitted for each M/WBE scheduled to participate.

DEI/MWBE USE ONLY

Plan Approved: _____ Plan Disapproved: _____

By: _____
 M/WBE Requirements

CONTRACTOR'S DETAILED MBE/WBE UTILIZATION PLAN (cont'd)

SECTION I-MBE PARTICIPATION

MBE FIRM		DESCRIPTION OF WORK	CONTRACT INFORMATION	
NAME:			CONTRACT AMOUNT:	
ADDRESS:			DATE OF CONTRACT:	
			SCHEDULE START DATE:	
			PAYMENT SCHEDULE:	
CONTACT PERSON:			COMPLETION DATE:	
PHONE:				
NAME:			CONTRACT AMOUNT:	
ADDRESS:			DATE OF CONTRACT:	
			SCHEDULE START DATE:	
			PAYMENT SCHEDULE:	
CONTACT PERSON:			COMPLETION DATE:	
PHONE:				
NAME:			CONTRACT AMOUNT:	
ADDRESS:			DATE OF CONTRACT:	
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			PAYMENT SCHEDULE:	
CONTACT PERSON:			COMPLETION DATE:	
PHONE:				